

County:

CCS COST WORKSHEET FOR MEDICAID SERVICES PROVIDED IN CALENDAR YEAR			CALCULATION OF UNIT COST												
Line/Col	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Service Description	Activity	Prior Year's Actual Costs (not required in first year)	Current Year's Actual Costs	Current Year's Actual Hours	Percent	Total Indirect	Total Activity Costs	Total Units of Service	Unit of Service Description	Cost per unit service	Total Group Clients (duplicated count)	Total Group Sessions	Total Individual Rate (Includes County's share)	Total Group Rate (Includes County's share)
			County's Financial Records	County's Financial Records	County's Financial Records	Col 4, Col 5 or Col 9/ total	Col 4	Col 4 + Col 7	County's Billing Records		Col 8 / Col 9	County's Billing Records	County's Billing Records	Col 10	Col 10 x (Col 11/Col 12)
SERVICE A (County Staff Model)															
A 1	INDIRECT COSTS														
A 2	Indirect Service Staff	Administrative													
A 3		Supervisory													
A 4		Clerical													
A 5		Other (Interpreter)													
A 6	Total Other Indirect														
A 7	Total Indirect		\$ -	\$ -	-		Hours	\$ -							
A 8	DIRECT COSTS														
A 9	Direct staff	M.D.				0%	\$ -				\$ -			\$ -	\$ -
A 10		APNP				0%	\$ -				\$ -	3	1	\$ -	\$ -
A 11		Ph.D.				0%	\$ -				\$ -			\$ -	\$ -
A 12		Masters				0%	\$ -				\$ -			\$ -	\$ -
A 13		Bachelors				0%	\$ -				\$ -			\$ -	\$ -
A 14		Peer Specialist				0%	\$ -				\$ -			\$ -	\$ -
A 15		Rehabilitation Worker				0%	\$ -				\$ -			\$ -	\$ -
A 16		Other (Purchased Svs)	\$ -			0%	\$ -				\$ -			\$ -	\$ -
A 17		Total	\$ -	\$ -	-	0%	\$ -				\$ -			\$ -	\$ -
A 18		Purchased service	Purchased Service 1	\$ -				\$ -				\$ -			\$ -
A 19	Purchased Service 2						\$ -				\$ -			\$ -	\$ -
A 20	Purchased Service 3						\$ -				\$ -			\$ -	\$ -
A 21	Total		\$ -	\$ -	-		\$ -				\$ -			\$ -	\$ -
A 22	Sub-total		\$ -	\$ -											
SERVICE B (Residence Model)															
B 1	INDIRECT COSTS														
B 2	Indirect Service Staff	Administrative													
B 3		Supervisory													
B 4		Clerical													
B 5		Other													
B 6	Total Other Indirect														
B 7	Total Indirect		\$ -	\$ -	-		Not Used	\$ -							
B 8	DIRECT COSTS														
B 9	Direct staff	Residence staff				0%	\$ -				\$ -			\$ -	\$ -
B 10	Facility Costs	Operating Costs				0%	\$ -				\$ -			\$ -	\$ -
B 11		Space Costs				0%	\$ -				\$ -			\$ -	\$ -
B 12	Total Direct		\$ -	\$ -	-	100%	\$ -	\$ -			\$ -			\$ -	\$ -
B 13	Sub-total		\$ -	\$ -											
SERVICE C (Unified Service Model)															
C 1	INDIRECT COSTS														
C 2	Indirect Service Staff	Administrative													
C 3		Supervisory													
C 4		Clerical													
C 5		Other													
C 6	Total Other Indirect														
C 7	Total Indirect		\$ -	\$ -	-		Not Used	\$ -							
C 8	DIRECT COSTS														
C 9	Direct staff	M.D.				0%	\$ -				\$ -			\$ -	\$ -
C 10		Ph.D.				0%	\$ -				\$ -			\$ -	\$ -
C 11		Masters				0%	\$ -				\$ -			\$ -	\$ -
C 12		Rehabilitation worker				0%	\$ -				\$ -			\$ -	\$ -
C 13		Peer Specialist				0%	\$ -				\$ -			\$ -	\$ -
C 14		Contracted				0%	\$ -				\$ -			\$ -	\$ -
C 15		Total		\$ -	\$ -	-	0%	\$ -	\$ -			\$ -			\$ -
C 16	Sub-total		\$ -	\$ -											

County:

CCS Rate Worksheet Effective Date : January 1, 2006

Line/Col	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Service Description	Activity	Prior Year's Actual Costs (not required in first year)	Current Year's Budgeted Costs	Current Year's Budgeted Hours	Percent	Total Indirect	Total Activity Costs	Total Units of Service	Unit of Service Description	Cost per unit service	Total Group Clients (duplicated count)	Total Group Sessions	Total Individual Rate (Includes County's share)	Total Group Rate (Includes County's share)	FFP Individual Rate (Bill to Medicaid)	FFP Group Rate (Bill to Medicaid)
	Source	County's Fiscal Budget	County's Financial Records	County's Fiscal Budget	County's Fiscal Budget	Col 4, Col 5 or Col 9/ total	Col 4	Col 4 + Col 7	County's Budgeting process		Col 8 / Col 9	County's Budgeting process	County's Budgeting process	Col 10	Col 10 x (Col 12 / Col 11)	FFP x Col 10	FFP x Col 10 x (Col 12/Col 11)

SERVICE C (Unified Service Model)

C 1	INDIRECT COSTS																
C 2	Indirect Service Staff	Administrative															
C 3		Supervisory															
C 4		Clerical															
C 5		Other															
C 6		Total Other Indirect															
C 7	Total Indirect		\$ -	\$ -	-		Not Used	\$ -									
C 8	DIRECT COSTS																
C 9	Direct staff	M.D.	\$ -			0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 10		Ph.D.				0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 11		Masters	\$ -			0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 12		Rehabilitation worker				0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 13		Peer Specialist	\$ -			0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 14		Contracted				0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 15	Total		\$ -	\$ -	-	0%	\$ -	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
C 16	Sub-total		\$ -	\$ -													

SERVICE D (Purchased Service Model)

D 1	INDIRECT COSTS																
D 2	Indirect Service Staff	Administrative															
D 3		Supervisory															
D 4		Clerical															
D 5		Other															
D 6		Total Other Indirect															
D 7	Total Indirect		\$ -	\$ -	-		Direct Cost	\$ -									
D 8	DIRECT COSTS																
D 9	Total Direct	Purchased Service 1				0%	\$ -	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
D 10		Purchased Service 2				0%	\$ -	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
D 11		Purchased Service 3				0%	\$ -	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
D 12		Purchased Service 4				0%	\$ -	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
D 13		Total	\$ -	\$ -		0%	\$ -	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
D 14	Sub-total		\$ -	\$ -													

Federal Financial Participation (FFP)															0.5765		
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